## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

10/574067 MAR 30 2006
APPLICANT(S)

## **CLAIMS**

	AS FILED		AFTER 1"AMENDMENT		AFTER 2 ™ AMENDMENT				AS FILED		AFTER 1"AMENDMENT		AFTER  2 MAMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	1		IND.	DEP.	IND.	DEP.	IND.	DEP.
1								51						
2		-/-						52						
3		-/-						53 54						<u> </u>
5		-/-						55						
6		<b>-</b>						56						
7		/						57						
8								58						
9								59						
10		$\longrightarrow$						60						
11								61						
12		1						62 63				-		
14		/						64						
15		7						65						
16		1						66						
17								67						
18								68						
19								69						
20								70 71						
21 22								72						
23		-						73			-			
24								74						
25								75						
26								76						
27	EE-							77		.0	1			
28								78						
29 30								79 80						
31								81						<del></del>
32			~					82						
33		_						83						
34								84						
35								85						
36								86						
37 38			-					87						
39								88 89						
40								90						
41								91						
42								92						
43								93						
44								94						
45 46								95						
46								96 97						
48								98						
49								99						
50								100						
TOTAL IND.	Š	•		•		1		TOTAL IND.		1		•		1
TOTAL DEP.	13	<b>+</b>		<b>←</b>		<b>←</b>		TOTAL DEP.		<b>←</b>		<b>(-</b>		<b>4</b>
TOTAL CLAIMS	14						, ,	TOTAL CLAIMS		\$5.				
PTO - 136	0 (REV. 11/04	4)									TMENT of Co			